RRHC – Request to Use Fundraised Money

Name:_____ **Date Submitted:**_____

Role:_____ **Date Approved:**_____

Team:_____

Event Description (What, when, and why):_____

Item Description	$ Amount
Total Amount	**$**

Requestee Signature **Date**

Hockey Director Signature **Date**

Fundraiser Chair Signature **Date**

ROUGHRIDERS HOCKEY CLUB CEDAR RAPIDS
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